



CHECKLIST FOR SOLICITOR'S PERMIT

REQUIREMENTS

- _____ Solicitor's Permit (card will be provided to Applicant once application is processed and permit payment received)
- _____ Application for Solicitor's Permit (**2nd page must be signed before a notary**)
- _____ Violation Statement (**Applicant must sign and date after the written statement**)
- _____ Exemption Form (**Applicant to answer top question, then print, sign, and date form**)
- _____ 2 Passport style photographs (**must be taken no more than 60 days prior to applying for permit**)
- _____ Bond in the penal sum of \$1,000 insured under Applicant's Name (Ord. 59-09, Section 13-25).
- _____ If using any form of motor vehicle in association with peddling/solicitor activities shall provide proof of Public Liability Insurance Certificate showing City of Cape Coral as additional insured with minimum liability limits of \$300,000.00 per occurrence for bodily injury liability and \$50,000.00 for property damage. (Ord. 59-09 Section 13-26)
- _____ Fingerprinting - **Please contact Lee County Sheriff's Office, North Fort Myers, 121 Pondella Road, North Fort Myers, FL 33903 – Phone: 239-477-1810, Hours of Operation: Monday – Friday, 8:00 AM – 3:00 PM - \$5.00 per card**
- _____ Valid Driver's License or other form of picture identification
- _____ Credentials establishing relationship with employer (company photo ID, written statement on business letterhead showing name of the applicant)
- _____ Division of Corporations filing printout (Fictitious name, LLC, Corporation from Sunbiz.org)
- _____ Payment for the Solicitor's permit will be required before issuance, fee for **each** is determined by the period the permit is requested for:
3 months \$50; 6 months \$75; 12 months \$100

Office Use Only:

- _____ Affix one photo to the Solicitor's Permit card, write in BTR #, Expiration Date, and Full Name of Applicant
- _____ Affix second photo to the Solicitor's Permit application at the top left-hand corner.



CITY CLERK'S DEPARTMENT – BUSINESS TAX RECEIPTS DIVISION

SOLICITOR'S PERMIT # _____

PLEASE PRINT ALL INFORMATION

Name: _____
(Last) (First) (Middle)

Telephone: _____ Social Security: _____

Email: _____

Florida Driver's License Number: _____
(copy attached)

Applicant's Present Address: _____

Physical description: _____

Height: _____ Weight: _____ Color of eyes: _____ Color of Hair: _____

Present Employer: _____

Present Employer's Address: _____

Occupation: _____ Phone #: (_____) _____

Period of Time Engaging in Business within the City: _____

Upon sale or order, will you demand, accept, or receive payment or deposit of money in advance of final delivery? _____

Goods, wares, merchandise or services being offered: _____

Location where goods or property proposed to be sold or orders taken for sale are manufactured or produced: _____

Location where such goods or products are located at the time the application is filed and proposed method of delivery: _____



CITY OF CAPE CORAL

Last five cities or towns wherein the applicant has worked before coming to this city:

1. _____
2. _____
3. _____
4. _____
5. _____

It is agreeable that any untruth or misstatement contained in this application will be considered fraud, and sufficient reason for revocation of any permit to the applicant. This application shall be processed in accordance with Ordinance _____. It is agreeable if the permit is issued to me, I shall accept same, subject to all conditions in Ordinance _____.

I, _____, the undersigned applicant, affirm that the above statements are true and correct.

(Applicant's Signature)

(Date)

STATE OF FLORIDA, COUNTY OF LEE

Before me this day personally appeared _____, who being duly sworn, deposes and says that the application is true and correct. Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public, State of Florida

(Seal)



Please provide statement as to whether or not you have been convicted of any crime, misdemeanor or violation of any State or Federal law or Municipal Ordinance of this Code, the nature of the offense, the punishment or penalty assessed, and the place of the conviction.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



EXEMPTION FORM

Do any of the exemptions below apply? ☐ YES ☐ NO

Check all that apply:

- ☐ I attest that I do not sell intoxicating liquors or malt and vinous beverages and the business for which I am applying meets the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.
- ☐ I am sixty-five (65) years of age or older AND I do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000). (F.S. 162 – Driver's License or other proof of age required.)
- ☐ I am an honorably discharged wartime veteran AND I am a permanent resident of Cape Coral, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood (F.S. 205.171 – Honorable Discharge Certificate).
- ☐ I am a physically disabled person, incapable of manual labor, AND I do not have more than one employee AND I use my own capital only, which does not exceed on thousand dollars (\$1,000). (F.S. 205.162 – Physician Certificate of Disability from performing manual labor required.)
- ☐ I am the un-remarried surviving spouse of an honorably discharged wartime veteran AND I am a permanent resident of Cape Coral, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood (F.S. 205.171 – Honorable Discharge Certificate).
- ☐ I am the spouse of an active-duty military service member, who has relocated to the City of Cape Coral and/or Lee County, Florida pursuant to a permanent change of station order.
- ☐ I am a low-income individual who is receiving public assistance, as defined in §403.2553, F.S.
- ☐ I am a low-income individual with a household income less than 130 percent of the federal poverty level based on the current year's federal poverty guidelines.

“UNDER THE PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.”

Acknowledge by Printing Name: _____

Acknowledge by Signing: _____

Date of Signature: _____